



DOH 410-028 June 2010

## HIV Early Intervention Program

**For dates of service on or after 1/1/2010**

**NOTE: Providers must have a contract with DOH prior to services.**

**Clients must be approved for EIP by DOH prior to services.**

**Fees updated every Jan. 1 and July 1**

## Welcome to the Early Intervention Program (EIP)

### **Medical Care**

We pay for limited HIV-related provider visits and tests on our list of specific covered services. Clients must go to providers and labs that contract with us. For clients with insurance, we cover up to \$1000 for deductibles and costs during pre-existing condition periods. We can also pay co-pay and coinsurance balances for services on or after April 1, 2010. [See Medical and Laboratory covered services list.](#)

### **Dental Care**

The Early Intervention Program offers limited oral health care. Clients must go to Early Intervention Program (EIP) contracted providers for only EIP covered dental services. [See Dental covered services list.](#)

### **Mental Health Care**

Effective April 1, 2010, we pay for specific mental health care on our list of specific covered services. Clients must go to Early Intervention Program (EIP) contracted providers. [See Mental Health Services covered services list.](#)



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Code	Description	Max. Payment
<b>Schedule of Medical and Laboratory Coverage and Maximum Allowances</b>		

99201	PHYSICAL EXAM	\$59.00
99202	NEW OFFICE EXAM - 20 MIN	\$103.00
99203	NEW OFFICE EXAM - 30 MIN	\$152.00
99204	NEW OFFICE EXAM - 45 MIN	\$232.00
99205	NEW OFFICE EXAM - 60 MIN	\$292.00
<b>OFFICE VISIT, ESTABLISHED PATIENT</b>		
99211	EST OFFICE EXAM - 5 MIN	\$33.00
99212	EST OFFICE EXAM - 10 MIN	\$61.00
99213	EST OFFICE EXAM - 15 MIN	\$101.00
99214	EST OFFICE EXAM - 25 MIN	\$150.00
99215	EST OFFICE EXAM - 40 MIN	\$204.00
<b>CONSULTATION, NEW OR ESTABLISHED PATIENT</b>		
99241	OFFICE VISIT 15 MINUTES	\$40.00
99242	OFF/OP CONSULT, LEVEL II	\$70.00
99243	OFFICE CONSULTATION	\$95.00
99244	OFFICE VISIT - 60 MINUTES	\$140.00
99245	OFFICE VISIT 80 MINUTES	\$173.00
<b>PREVENTIVE MEDICINE, NEW PATIENT</b>		
99385	PREVENTIVE EXAM, 18-39 YEARS	\$170.00
99386	PREVENTIVE EXAM, 40-64 YEARS	\$170.00
99387	PREVENTIVE EXAM 65+ YEARS	\$170.00
<b>PREVENTIVE MEDICINE, ESTABLISHED PATIENT</b>		
99395	PREVENTIVE EXAM, 18-39 YEARS	\$141.00
99396	PREVENTIVE EXAM, 40-64 YEARS	\$141.00
99397	PREVENTIVE EXAM, 65+ YEARS	\$141.00



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Code	Description	Max. Payment
<b>RISK REDUCTION INTERVENTIONS for the prevention of HIV transmission</b>		
99401	RISK FACTR REDUCT COUNSEL 15 M	\$32.00
99402	RISK FACTR REDUCT COUNSLE 30MN	\$39.00
<b>OPHTHALMOLOGY (EYE CARE)</b>		
92225	EXTENDED OPHTHALMOSCOPY	\$19.00
67515	INJECTION OF MEDICATION INTO TENON'S CAPSULE	\$65.00
<b>PROCEDURES</b>		
11100	BIOPSY, SINGLE LESION	\$67.00
11101	BIOPSY, EACH ADDITIONAL LESION	\$23.00
11900	INJECTION, INTRALESIONAL 1-7	\$37.00
11901	INJECTION INTRALESIONAL 7+	\$46.00
17000	DESTRUCT BENIGN LESIONS; 1ST	\$52.00
17003	DESTRUCT LESIONS; 2-14 LESIONS	\$8.00
17004	DESTRUCTION OF LESIONS; 15 +	\$150.00
17110	DESTRUCT OF FLAT WARTS 0-14	\$68.00
17111	DESTRUCT OF FLAT WARTS 15+	\$79.00
36000	IV PLACEMENT NEEDLE OR INTRACA	\$23.00
36415	BLOOD DRAW	\$4.00
36416	BLOOD DRAW (HEEL, FINGER, EAR PRICK)	\$4.00
36600	ARTERIAL PUNCTURE	\$24.00
46600	ANOSCOPY	\$61.00
46606	ANOSCOPY W/BIOPSY, SINGL-MULTL	\$143.00
46900	DESTRUCT LESIONS ANUS CHEMICAL	\$156.00
46910	DESTRUCT LESIONS ANUS ELECTROD	\$151.00
46916	DESTRUCT LESIONS ANUS CRYOSURG	\$152.00
46924	DESTRUCT LESIONS ANUS EXTENSIV	\$341.00
54050	DESTRUCT LESIONS PENIS CHEMICL	\$89.00



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54055	DESTRUCT LESIONS PENIS ELECTRD	\$86.00
54056	DESTRCT LESIONS PENIS CRYOSURG	\$105.00
54065	DESTRCT LESIONS PENIS EXTENSIV	\$154.00
56501	DESTRCT LESIONS VULVA SIMPLE	\$101.00
56515	DESTRCT LESIONS VULVA EXNTSIVE	\$162.00
56605	BIOPSY 1 LESIONS VULVA PERINEU	\$66.00
56606	BIOPSY EACH ADDL VULVA/PERINEU	\$32.00
57061	DESTRCT LESION VAGINA SIMPLE	\$88.00
57065	DESTRCT LESION VAGINA EXTENSIV	\$149.00
57100	BIOSPY VAGINA SIMPLE	\$70.00
57170	DIAPHRAGM FITTING	\$72.00
57452	COLPOSCOPY W/O BIOPSY	\$85.00
57454	COLPOSCOPY W BIOPSIES/ENDO CUR	\$122.00
57460	COLPOSCOPY W/LOOP ELEC EXCISIN	\$261.00
57500	CERVICAL BIOPSY & ENDOCERVICAL	\$105.00
57505	ENDOMETRIAL CURETTAGE	\$79.00
57511	CERVICAL CRYOCAUTERY	\$112.00
57513	CERVICAL LASER ABLATION	\$117.00
57522	CERVICAL LOOP ELECTRODE EXCISN	\$224.00
62270	SPINAL PUNCTURE, LUMBAR	\$122.00
<b>RADIOLOGY</b>		
71010	CHEST X-RAY (SINGLE VIEW)	\$22.00
<b>71010-26</b>	CHEST X-RAY (SINGLE VIEW)	\$7.00
<b>71010-TC</b>	CHEST X-RAY (SINGLE VIEW)	\$13.00
71020	CHEST XRAY (TWO VIEW)	\$28.00
<b>71020-26</b>	CHEST X-RAY (TWO VIEWS)	\$8.00
<b>71020-TC</b>	CHEST X-RAY (TWO VIEWS)	\$18.00



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Code	Description	Max. Payment
<b>LABORATORY, ORGAN OR DISEASE PANELS</b>		
80048	BASIC METABOLIC PANEL	\$8.00
80050	GENERAL HEALTH SCREEN PANEL	\$38.00
80051	ELECTROLYTE PANEL	\$8.00
80053	COMPREHENSIVE METABOLIC PANEL	\$10.00
80061	LIPID PANEL	\$16.00
80074	HEPATITIS PANEL	\$55.00
80076	HEPATIC FUNCTION PANEL	\$8.00
<b>LABORATORY, THERAPEUTIC DRUG ASSAYS</b>		
80156	THERAPEUTIC DRUG LVL -TEGRETOL	\$17.00
80160	THERAPEUTIC DRUG LVL-DESIPRAME	\$20.00
80164	THERAPEUTIC DRUG LVL-DEPAKOTE	\$16.00
80174	THERAPEUTIC DRUG LVL-IMIPRAMIN	\$20.00
80178	THERAPEUTIC DRUG LVL-LITHIUM	\$8.00
80182	THERAPEUTIC DRUG LVL-NORTRIPTN	\$16.00
<b>LABORATORY, EVOCATIVE / SUPPRESSION TESTING</b>		
80400	ACTH STIMULATION TEST(ADRENAL)	\$38.00
<b>LABORATORY, URINALYSIS</b>		
81000	URINALYSIS	\$4.00
81001	URINALYSIS, AUTOMATED W/ MICRO	\$4.00
81002	URINALYSIS-DIPSTICK	\$3.00
81003	URINALYSIS WITHOUT MICROSCOPY,	\$3.00
81005	URINALYSIS; CHEMICAL, QUALITAT	\$3.00
81015	URINE EXAMINE-MICRO	\$4.00
81025	URINE PREGNANCY TEST	\$5.00
<b>LABORATORY, CHEMISTRY</b>		
82009	ACETONE OR KETONE, SERUM QUAL	\$5.00



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Code	Description	Max. Payment
82010	ACETONE OR KETONE SERUM QUAN	\$10.00
82040	ALBUMIN, SERUM	\$6.00
82042	ALBUMIN URINE QUANTITATIVE	\$6.00
82043	ALBUMIN, URINE MICRO QUANTITAV	\$7.00
82044	ALBUMIN URINE MICRO SEMIQUANT	\$5.00
82085	ALDOLASE	\$11.00
82150	AMYLASE, SYRUM	\$8.00
82164	ANGIOTENSIN I ENZYME	\$17.00
82232	BETA-2 MICROGLOBULIN, SERUM	\$20.00
82247	BILIRUBIN; TOTAL	\$5.00
82248	BILIRUBIN; DIRECT	\$5.00
82270	BLOOD, OCCULT, FECES, SCREENIN	\$4.00
82271	BLOOD, QUALITATIVE	\$4.00
82310	CALCIUM TOTAL	\$6.00
82340	URINE QUANTITATIVE, TIMED SPEC	\$7.00
82374	CARBON DIOXIDE(BICARBONATE)	\$6.00
82390	CERULOPLASMIN	\$13.00
82397	CHEMILUMINESCENT ASSAY	\$15.00
82435	CHLORIDE; BLOOD	\$5.00
82465	CHOLESTEROL, TOTAL	\$5.00
82533	CORTISO., TOTAL	\$19.00
82550	CRATINE KINASE CK, CPK; TOTAL	\$8.00
82565	CREATININE; BLOOD	\$6.00
82570	CREATININE; OTHER SOURCE	\$6.00
82575	CREATININE CLEARANCE	\$11.00
82607	CYANOCOBALAMIN VITAMIN B-12	\$17.00
82668	ERYTHROPOIETIN	\$22.00



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Code	Description	Max. Payment
82705	FAT OR LIPIDS, FECES	\$5.00
82728	FERITIN	\$16.00
82746	FOLIC ACID; SERUM	\$17.00
82784	GAMMAGLOBULIN	\$11.00
82803	GASES BLOOD W/CALCULATED O2SAT	\$14.00
82805	GASES BLOOD DIRECT MEAS W/O2	\$29.00
82947	GLUCOSE	\$5.00
82948	GLUCOSE, BLOOD, REAGENT STRIP	\$4.00
82955	GLUCOSE-6-PHOSPHATE DEHYDROG	\$11.00
82960	GLUCOSE G6PD; SCREEN	\$7.00
82962	CHEMISTRY-GLUCOSE, BLOOD BY	\$3.00
82977	GLUTAMYL TRANSPEPTIDASE, GAMMA	\$8.00
83010	PATOGLOBIN, QUANTITATIVE	\$14.00
83036	HEMOGLOBIN , GLYCATED	\$11.00
83497	HYDROXYINDOLACETIC ACID	\$15.00
83505	HYDROXYPROLINE, TOTAL	\$28.00
83540	IRON, SERUM, CHEMICAL	\$8.00
83550	IRON BINDING CAPACITY	\$10.00
83605	LACTATE (LACTIC ACID)	\$12.00
83615	LACTIC DEHYDROGENASE, BLOOD	\$7.00
83690	LIPASE	\$8.00
83704	NMR LIPID PANEL	\$17.00
83718	LIPOPROTEIN HIGH DENSITY CHLOE	\$10.00
83721	LIPOPROTEIN, DIRECT MEAS (LDL)	\$11.00
83735	MAGNESIUM, BLOOD; CHEMICAL	\$8.00
83835	METANEPHRINES	\$20.00
83890	MOLECULAR DX, ISOL/EXT	\$6.00



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Code	Description	Max. Payment
83891	MOLECULAR DX, ISOL OR EXT PURE	\$6.00
83892	ENZYMATIC DIGESTION	\$6.00
83893	DOT/SLOT BLOT PRODUCTION	\$5.00
83894	DNA SEPARATION	\$6.00
83896	NUCLEIC ACID PROBE EACH	\$6.00
83898	AMPLIFIC NUCLEIC ACID, EACH	\$23.00
83901	NUCLEIC ACID PROBE AMPL: MULTI	\$23.00
83902	VIRAL AG, IMMUNOASSAY	\$12.00
83904	MUTATION ID BY SEQUENCING,EACH	\$23.00
83912	INTERP & REPORT	\$5.00
83912-26	INTERP & REPORT	\$11.00
83918	ORGANIC ACIDS QUANTITATIVE	\$23.00
83919	INTERP & REPORT	\$19.00
84075	PHOSPHATASE, ALKALINE, BLOOD	\$6.00
84100	PHOSPHORUS INORGANIC-PHOSPHATE	\$5.00
84132	POTASSIUM BLOOD	\$5.00
84155	PROTEIN QUANT URINE	\$5.00
84165	ELECTROPHORETIC FRACTIONATION	\$13.00
84165-26	ELECTROPHORECTIC FRACTIONATION	\$11.00
84295	SODIUM SERUM	\$6.00
84402	TESTOSTERONE; FREE	\$29.00
84403	TESTOSTERONE; TOTAL	\$30.00
84436	THYROXINE, TRUE (TT4), RIA	\$8.00
84443	THYROID STIMULATING HORMONE	\$20.00
84450	TRANSFERASE (SGOT)	\$6.00
84460	TRANSFERASE, ALANINE AMINO	\$6.00
84466	TRANSFERRIN	\$15.00





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Code	Description	Max. Payment
84478	TRIGLYCERIDES, BLOOD	\$7.00
84479	TRILODOTHYRONINE (T-3), RESIN	\$8.00
84480	TOTAL (TT-3)	\$17.00
84520	BUN UREA NITROGEN QUANTITATIV)	\$5.00
84550	URIC ACID; BLOOD	\$5.00
84702	SERUM PREGNANCY HCG QUANTITATV	\$17.00
84703	SERUM PREGNANCY TEST, HCG QUAL	\$9.00
84791	CHLAMYDIA, AMPLIFIED PROBE	\$35.00
85002	BLEEDING TIME	\$5.00
85007	BLOOD COUNT	\$4.00
85008	MANUAL BLOOD SMEAR EXAMINATION	\$4.00
85009	BLOOD COUNT; BUFFY COAT	\$5.00
85013	BLOOD CNT HEMATOCRIT SPUN	\$3.00
85014	BLOOD CNT OTHER THAN SPUN HCT	\$3.00
85018	BLOOD COUNT HEMOGLOBIN	\$3.00
85025	BLOOD CNT; PLUS COMPLETE DIFF.	\$9.00
85027	BLOOD COUNT; PLUS AUTOMATED	\$8.00
85032	COMPLETE CBC	\$5.00
85041	RBC ONLY	\$4.00
85044	RETICULOCYTE COUNT	\$5.00
85045	RETICULOCYTE COUNT, FLOW CYTOM	\$6.00
85046	BLOOD CNT RETICULOCYTES HEMOGL	\$7.00
85048	WHITE BLOOD CELL	\$3.00
85060	BLOOD SMEAR W/WRITTEN REPORT	\$15.00
85595	PLATELET; AUTOMATED COUNT	\$5.00
85610	PROTHROMBIN TIME	\$5.00
85651	SED RATE, ERYTHROCYTE, NON-AUT	\$4.00



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85652	ESR SEDIMENTATION RATE AUTO	\$3.00
85730	PTT; PLASMA	\$7.00
<b>LABORATORY, IMMUNOLOGY</b>		
86171	COMPLIMENT FIXATION TSTS; EACH	\$7.00
86255	FLUORESCENT ANTIBODY; SCREEN	\$14.00
86255-26	FLUORESCENT ANTIBODY; SCREEN	\$11.00
86256	FLUORESCENT ANTIBODY TIER	\$14.00
86256-26	FLUORESCENT ANTIBODY; TIER	\$11.00
86308	HETEROPHILE ANTIBODIES	\$6.00
86317	IMMUNOASSAY; QUATITATIVE	\$16.00
86318	IMMUNOASSAY; QUAL/SEMI QUANT	\$15.00
86329	IMMUNODIFFUSION; NOT SPECIFIED	\$17.00
86359	T CELLS; TOTAL COUNT	\$44.00
86360	T4 AND T8; INC RATIO	\$54.00
86361	ABSOLUTE CD4 COUNT	\$21.00
86403	PARTICLE AGGLUTINATION	\$12.00
86480	TB TEST	\$72.00
86485	CANDIDA SKIN TEST CC	\$11.00
86490	SKIN TEST COCCIDIOIDOMYCOSIS	\$8.00
86580	TB SKIN TEST; INTRADERMAL	\$6.00
86592	VDRL/RPR	\$5.00
86593	SYPHILLIS TEST, QUANITITATIVE	\$5.00
86641	CRYPTOCOCCUS AG, SER	\$17.00
86644	CMV	\$15.00
86645	CMV, IGM	\$20.00
86674	GIARDIA LAMBLIA	\$17.00
86689	HTLV OR HIV CONFIRMATORY TEST	\$27.00



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Code	Description	Max. Payment
86692	IMMUNOLOGY ASSAYS-HEP, DELTA	\$20.00
86694	HERPES SIMPLEX, NON-SPEC TYPE	\$15.00
86695	HERPES SIMPLEX-TYPE 1	\$15.00
86696	HERPES SIMPLEX TYPE 2	\$23.00
86701	HIV-1	\$11.00
86703	HIV-1 AND HIV-2, SINGLE ASSAY	\$16.00
86704	HEPATITIS B CORE ANTIBODY	\$14.00
86705	IGM ANTIBODY	\$14.00
86706	HEPATITIS B SURFACE ANTIBODY	\$13.00
86707	HEPATITIS BE ANTIBODY	\$14.00
86708	HEPATITIS A ANTIBODY	\$14.00
86709	IGM ANTIBODY	\$13.00
86747	PARVOVIRUS	\$17.00
86777	TOXOPLASMA	\$15.00
86778	TOXOPLASMA, IGM	\$17.00
86781	TREPONEMA PALLIDUM, CONFIRMATO	\$15.00
86787	VARICELLA-ZOSTER	\$15.00
86803	HEPATITIS C ANTIBODY	\$17.00
86804	HEP C ANTIBODY CONFIRM TEST	\$18.00
<b>LABORATORY, MICROBIOLOGY</b>		
87015	PARASITE CONCENTRATION-TB, AFB	\$8.00
87040	BLOOD CULTURE	\$12.00
87045	STOOL CULTURE	\$11.00
87046	CULTURE BACTERIAL STOOL ADD PH	\$11.00
87070	MICROBIOLOGY FROM ANY OTHER SO	\$10.00
87071	CULTURE QUANTITATIVE AEROBIC	\$11.00
87073	CULTURE BACTERIAL QUANTITATIVE	\$11.00



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87075	LAB-CULTURE ANAEROBIC	\$11.00
87076	CULTURE, DEFINITIVE ID, ANAERO	\$12.00
87077	CULTURE DEFINITIVE ID, AEROBIC	\$12.00
87081	CULTURE, SCREENING, SINGLE ORG	\$8.00
87084	CULTURE PRESUMPTIVE PATH ORG	\$10.00
87086	CULTURE, BACTERIAL URINE, QUAN	\$9.00
87088	IDENTIFICATION, IN ADDITION TO	\$8.00
87101	CULTURE, FUNGI, ISOLATION	\$9.00
87102	CULTURE, FUNGI, OTHER SOURCE	\$10.00
87103	CULTURE, FUNGI, BLOOD	\$11.00
87106	CULTURE, FUNGI, DEFINITIVE ID	\$12.00
87110	CHLAMYDIA SCREEN	\$23.00
87116	CULTURE, TUBERCLE, ACID	\$13.00
87118	CULTURE, MYCOBACTERIA	\$13.00
87140	CULTURE, TYPING; FLUORESCENT M	\$7.00
87149	CULTURE TYP NECLEIC ACID PROBE	\$23.00
87177	OVA AND PARASITES	\$11.00
87181	ANTIMICROBIAL SUSCEPTIBILI STY	\$7.00
87184	DISC METHOD, PER PLATE	\$8.00
87185	SUSCEPTIBILITY STDY ENZYME DET	\$5.00
87186	OVA & PARASITES, MICROTITER	\$10.00
87205	SMEAR WITH INTERPRETATION	\$5.00
87206	FLUORESCENT FAST STAIN FOR BAC	\$6.00
87207	SPECIAL STAIN FOR INCLUSION BO	\$7.00
87207-26	SPECIAL STAIN FOR INCLUSION BO	\$12.00
87210	WET MOUNT FOR BACTERIA	\$5.00
87220	TISSUE EXAM FOR FUNGI	\$5.00



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87230	TOXIN/ANTITOXIN ASSAY	\$23.00
87250	VIRUS IDENTIFICATION	\$23.00
87252	TISSUE CULTURE INOCULATION AND	\$30.00
87253	VIRUS ID TISSUE CULTURE	\$23.00
87254	VIRUS ISOLATION SHELL VIAL IDW	\$23.00
87270	CHLAMYDIA TRACHOMATIS (IF)	\$14.00
87272	CRYPTOSPORIDIUM/GIARDIA (IF)	\$14.00
87274	HERPES SIMPLEX TYPE 1 (IF)	\$14.00
87281	PNEUMOCYSTIC CARINII (IF)	\$14.00
87285	TREPONEMA PALLIDUM (IF)	\$14.00
87290	VARICELLA ZOSTER	\$14.00
87320	CHLAMYDIA TRACHOMATIS (ELISA)	\$14.00
87324	CLOSTRIDIUM DIFFICILE TOXIN	\$14.00
87327	CRYPTOCOCCUS NEOFORMANS (ELISA)	\$14.00
87328	CRYPTOSPORIDIUM/GIARDIA (ELISA)	\$14.00
87332	CYTOMEGALOVIRUS (ELISA)	\$14.00
87340	HEPATITIS B SURFACE ANTIGEN	\$12.00
87341	HEP BSAG NEUTRALIZATION (ELISA)	\$12.00
87350	HEPATITIS BE ANTIGEN	\$14.00
87380	MICROBIOLOGY HEP, DELTA AGENT	\$19.00
87390	HIV-1 (ELISA)	\$26.00
87449	REVERSE TRANSCRIPTION	\$14.00
87450	SINGLE STEP METHOD (ELISA) NOS	\$11.00
87451	MULTIPLE STEP METHOD(ELISA)NOS	\$11.00
87490	CHLAMYDIA, DIRECT PROBE	\$23.00
87491	CHLAMYDIA AMPLIFIED PROBE	\$41.00
87517	HEP B QUANTIFICATION	\$50.00



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87520	HEP C DIRECT PROBE	\$23.00
87521	HEP C AMPLIFIED PROBE	\$41.00
87522	HEP C QUANTIFICATION	\$50.00
87534	HIV-1, DIRECT PROBE TECHNIQUE	\$23.00
87535	HIV-1, AMPLIFIED PROBE TECH.	\$41.00
87536	HIV-1, QUANTIFICATION	\$98.00
87537	HIV-2, DIRECT PROBE TECHNIQUE	\$23.00
87538	HIV-2, AMPLIFIED PROBE TECHNIQ	\$41.00
87539	HIV-2, QUANTIFICATION	\$50.00
87550	MYCOBACTERIA DIRECT PROBE	\$23.00
87551	MYCOBACTERIA AMPLIFIED PROBE	\$41.00
87555	MYCOBACTERIA TB DIRECT PROBE	\$23.00
87556	MYCOBACTERIA TB AMPLIFIED PROB	\$46.00
87560	M.A.C. DIRECT PROBE	\$23.00
87561	M.A.C. AMPLIFIED PROBE	\$41.00
87590	N. GONORRHEA, DIRECT PROBE	\$35.00
87591	N. GONORRHEA, AMPLIFIED PROBE	\$46.00
<b>*87621</b>	<b>PAPILLOMAVIRUS, HUMAN (88112 IS NOT COVERED)</b>	<b>\$41.00</b>
87797	NUCLEIC ACID DIRECT PROBE TECH	\$23.00
87800	NUCLEIC ACID DIRECT PROBE MULT ORG	\$47.00
87798	INFECTIOUS AGENT DECT NOT SPEC	\$44.00
<b>*87900</b>	<b>VIRTUAL PHENOTYPE (PHENOTYPE 87903 IS NOT COVERED*)</b>	<b>\$151.00</b>
87901	INFCTS AGNT GENOTYP BY DNA	\$298.00
87902	HCV GENOTYPE ANALYSIS	\$298.00
87999	TROFILE ASSAY	\$1,568.00
88104	SMEARS W/INTERPRETATION	\$36.00
88104-26	SMEARS W/INTERPRETATION	\$17.00



## HIV Early Intervention Program

**For dates of service on or after 1/1/2010**

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Fees updated every Jan. 1 and July 1

Code	Description	Max. Payment
88104-TC	SMEARS W/INTERPRETATION	\$19.00
88141	CYTOPATHOLOGY, REQ. MD INTERPR	\$16.00
88142	CYTOPATH THIN LYER PREP MANUAL	\$29.00
88143	CYTOPATHOLOGY W/MAN. SCREEN	\$29.00
88147	CYTOPATH SMEARS, AUTOMATED	\$19.00
88148	CYTOPATH, AUTO/MANUAL RESCRN	\$27.00
88150	PAP SMEAR	\$15.00
88152	W/MAN SCR N & COMPT ASST & PHYS	\$15.00
88153	W/MAN SCR N & RESCRN W/PHYSICIAN	\$15.00
88154	W/MAN SCR N COMP ASST RESCREEN	\$15.00
88155	CYTOPATHOLOGY; WITH HORMONE EV	\$8.00
88164	CYTOPATH MANUAL/AUTO RESCRN	\$15.00
88165	CYTOPATH MANUAL/MANUAL RESCRN	\$15.00
88166	CYTOPATH MANUAL/COMPTR RESCRN	\$15.00
88167	CYTOPATH MANUAL/RESCRN W/CELL	\$15.00
88174	CYTOPATH CERVICAL OR VAGINAL	\$30.00
88175	CYTOPATH SCREENING PHYSICIAN	\$37.00
88182	FLOW CYTOMETRY	\$65.00
88182-26	FLOW CYTOMETRY	\$24.00
88182-TC	FLOW CYTOMETRY	\$41.00
88184	FLOW CYTOMETRY-TECH-1 MARKER	\$43.00
88185	FLOW CYTOMETRY-TECH-ADD MARKER	\$25.00
88187	FLOW CYTOMETRY-PRO 2-8 MARKERS	\$41.00
88188	FLOW CYTOMETRY-PRO-9-15 MARKES	\$50.00
88189	FLOW CYTOMETRY-PRO-16+ MARKERS	\$69.00
<b>LABORATORY, SURGICAL PATHOLOGY</b>		
88300	LEVEL 1 SURGICAL PATHOLOGY	\$14.00



## HIV Early Intervention Program

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Code	Description	Max. Payment
88300-26	LEVEL 1 SURGICAL PATHOLOGY	\$3.00
88300-TC	LEVEL 1 SURGICAL PATHOLOGY	\$11.00
88305	GROSS/MICROSCOPIC EXAM LVL IV	\$63.00
88305-26	GROSS/MICROSCOPIC EXAM LVL IV	\$39.00
88305-TC	GORSS/MICROSCOPIC EXAM LVL IV	\$39.00
88311	DECLACIFICATION PROCEDURE	\$11.00
88311-26	DECALCIFICATION PROCEDURE	\$8.00
88311-TC	DECALCIFICATION PROCEDURE	\$4.00
88312	SPECIAL STAINS	\$52.00
88312-26	SPECIAL STAIN	\$17.00
88312-TC	SPECIAL STAINS	\$39.00
88313	SPECIAL STAINS GROUP II	\$60.00
88313-26	SPECIAL STAINS GROUP II	\$8.00
88313-TC	SPECIAL STAINS GROUP II	\$35.00
88342	IMMUNOCYTOCHEMISTRY EACH	\$59.00
88342-26	IMMUNOCYTOCHEMISTRY EACH	\$27.00
88342-TC	IMMUNOCYTOCHEMISTRY EACH	\$32.00
<b>LABORATORY, OTHER PROCEDURES</b>		
89050	BODY FL CELL COUNT	\$5.00
89051	W/DIFFERENTIAL COUNT	\$7.00
<b>VACCINES</b>		
90471	IMMUNIZATION ADMIN; 1ST	\$13.00
90472	IMMUNIZATION ADMIN; EACH ADDN	\$7.00
90632	HEPATITIS A ANTIBODY	\$62.00
90633	HEP A, PED/ADOLESCENT, INTRMSC	\$27.00
90636	TWINRIX-HEP A-B VACCINE	\$85.00
90645	HIB CONJUGATE, INTRAMUSCULAR	\$22.00





## HIV Early Intervention Program

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Code	Description	Max. Payment
90646	HIB,PRP-D CONJUGATE, BOOSTER	\$37.00
90647	HIB,PRP-OMP CONJUGATE (3DOSE)	\$23.00
90648	HIB, PRP-T CONJUGATE (4DOSE)	\$22.00
90658	INFLUENZA 3+ YEARS INTRMSC/JET	\$13.00
90659	INFLUENZA VACCINE, WHOLE VIRUS	\$4.00
90701	DTP/DIPHTHERIA,TETANUS,PERTUSSI	\$18.00
90702	DT/DIPHTHERIA AND TETANUS	\$18.00
90718	TETANUS,DIPHTHERIA TOX - ADULT	\$19.00
90732	PNEUMOVAX	\$27.00
90744	HEP B PEDS, ADOLESCENT DOSAGE	\$24.00
90746	HEPATITS B, 20 YEARS AND ABOVE	\$57.00
90747	HEPATITIS B, IMMUNOSUPPRESSED	\$155.00
90748	HEPATITIS B / HI B	\$41.00
<b>MEDICINE, INFUSIONS</b>		
90760	IV INFUSION ONE HOUR	\$53.00
90761	IV EACH ADD UP TO 8 HOURS	\$15.00
90766	IV EACH ADD HOUR UP TO 8	\$16.00
90767	ADD SEQ UP TO 1 HOUR	\$26.00
90768	CONCURRENT INFUS LIST SEPERATE	\$15.00
<b>MEDICINE, PULMONARY</b>		
94010	SPIROMETRY	\$24.00
94010-26	SPIROMETRY	\$5.00
94010-TC	SPIROMETRY	\$15.00
94060	SPIROMETRY BRONCHOSPASM EVAL	\$42.00
94060-26	SPIROMETRY BRONCHOSPASM EVAL	\$9.00
94060-TC	SPIROMETRY BRONCHOSPASM EVAL	\$26.00
94642	AEROSOL INHALATION PENTAMIDINE	\$41.00



## HIV Early Intervention Program

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Fees updated every Jan. 1 and July 1

Code	Description	Max. Payment
94664	AREOSOL INHALATIONS BRONCHODIA	\$13.00
94720	CARBON MONOXIDE DIFFUSING CAPA	\$42.00
94760	NONINVASIVE EAR/PULSE OXIMETRY	\$7.00
96372	IM INJECT ANTIBIOTICS	\$13.00
<b>HCPCS CODES</b>		
A4250	R-URINE TEST STRIPS OR TABS (1	AC
G0100	R-HIV- 1 VIRAL LOAD QUANTITATI	AC
G9142-SL	H1NI VACCINE ADMIN (0-18 YRS)	\$16.00
G9142	H1NI VACCINE ADMIN (19 YRS AND OLDER)	\$16.00
G9141	H1NI VACCINE ADMIN (W/ MEDICARE DENIAL)	\$22.12
G0101	CANCER SCREEN PELVIC/BREAST	\$23.00
J0540	PENICILLIN G BENZATHINE INJEEN	\$29.00
J0580	PENICILLIN G BENZATHINE INJEEN	\$73.00
J0696	CEFTRIAXONE INJECTION	\$14.00
J1055	DEPO PROVERA	\$53.00
J1080	DEPO-TESTOSTERONE	\$14.00
J2175	R-MEPPERIDINE INJECTION	AC
J3010	R-FENTANYL INJECTION	\$7.00
J3120	TESTOSTERONE ENANTHATE INJECT	\$8.00
J7050	R-INFUSION, NORMAL SALINE	AC
Q0091	R-OBTAINING SCREENING PAP SMEA	AC

**\* EIP does not cover the phenotype test.** EIP only covers genotypes and virtual phenotypes. Therefore, **EIP does not cover the complete "Phenosense GT" or "Phenosense HIV" Tests** which include the phenotype test. If either of these tests is ordered, the client will be responsible for the cost of the phenotype test. **Please order virtual phenotype and genotype separately** and only order the phenotype if the client is aware that they will be responsible for payment.

The Early Intervention Program (EIP) is not contracted with Group Health Cooperative. Therefore, EIP cannot provide deductible assistance for services rendered through Group Health.

**See next page for Dental Coverage**



## HIV Early Intervention Program

**For dates of service on or after 1/1/2010**

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Fees updated every Jan. 1 and July 1

Code	Description	Max. Payment
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### Schedule of Dental Coverage and Maximum Allowances

DIAGNOSTIC SERVICES		
D0120	PERIODIC ORAL EXAM	\$30.00
D0140	EMERGENCY/LIMITED ORAL EXAM	\$27.00
D0150	COMPREHENSIVE ORAL EXAM	\$46.00
D0210	FULL MOUTH SERIES - <i>ONCE PER YEAR</i>	\$89.00
D0220	PERIAPICAL, SINGLE FILM	\$20.00
D0230	PERIAPICAL, EACH ADDITIONAL FILM	\$5.00
D0240	OCCLUSAL FILM	\$18.00
D0270	BITEWING, SINGLE FILM	\$11.00
D0272	BITEWINGS, 2 FILMS	\$14.00
D0274	BITEWING, 4 FILMS	\$21.00
D0330	PANORAMIC (MAY ONLY BE BILLED IN CONJUNCTION WITH ORAL SURGERY PROCEDURES)	\$58.00
PREVENTATIVE SERVICES		
D1110	ADULT PROPHYLAXIS, UP TO FOUR A YEAR, INCLUDING ORAL HYGIENE INSTRUCTION	\$84.00
D1204	TOPICAL FLUORIDE	\$18.00
D2140	AMALGAM - 1 SURFACE	\$69.00
D2150	AMALGAM - 2 SURFACES	\$96.00
D2160	AMALGAM - 3 SURFACES	\$108.00
D2161	AMALGAM - 4 OR MORE SURFACES	\$139.00
D2330	RESIN - 1 SURFACE - ANTERIOR	\$81.00
D2331	RESIN - 2 SURFACES - ANTERIOR	\$100.00
D2332	RESIN - 3 SURFACES - ANTERIOR	\$108.00
D2335	RESIN - 4+ SURFACES OR INVOLVING INCISAL ANGLE	\$226.00



## HIV Early Intervention Program

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Fees updated every Jan. 1 and July 1

Code	Description	Max. Payment
D2391	RESIN - 1 SURFACE - POSTERIOR	\$77.00
D2392	RESIN - 2 SURFACES - POSTERIOR	\$96.00
D2393	RESIN - 3 OR MORE SURFACES - POSTERIOR	\$108.00
D2394	RESIN - 4 SURFACES - POSTERIOR	\$219.00
D2390	RESIN BASED COMPOSITE RESTORATION CROWN, ANTERIOR	\$129.00
<b>CROWNS</b>		
D2710	CROWN RESIN (INDIRECT)	\$281.00
D2740	CROWN PORCELAIN/CERAMIC SUBSTRATE	\$878.00
D2750	CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	\$878.00
D2751	CROWN PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$878.00
D2752	CROWN PORCELAIN FUSED TO NOBLE METAL	\$878.00
D2790	CROWN FULL CAST HIGH NOBLE METAL	\$659.00
D2792	CROWN FULL CAST NOBLE METAL	\$659.00
D2910	RECEMENT INLAYS	\$23.00
D2920	RECEMENT CROWN	\$27.00
D2931	PREFAB STAINLESS CROWN	\$122.00
D2950	CORE BUILDUP, INCLUDING ANY PINS	\$93.00
<b>ENDODONTIC SERVICES</b>		
D3310	ROOT CANAL THERAPY - ANTERIOR	\$554.00
D3320	ROOT CANAL THERAPY - BICUSPID	\$625.00
D3330	ROOT CANAL THERAPY - MOLAR	\$760.00
	<b>Note: apexification/recalcification procedures are not covered</b>	
<b>PERIODONTIC SERVICES</b>		
D4341	PERIODONTAL SCALING & ROOT PLANING PER QUAD 4 OR MORE TEETH	\$114.00
D4342	PERIODONTAL SCALING & ROOT PLANING PER QUAD 1-3 TEETH	\$63.00
D4910	PERIODONTAL MAINTENANCE	\$100.00
<b>REMOVABLE PROSTHETICS</b>		



## HIV Early Intervention Program

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Fees updated every Jan. 1 and July 1

Code	Description	Max. Payment
D5110	COMPLETE UPPER DENTURE	\$540.00
D5120	COMPLETE LOWER DENTURE	\$540.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$540.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$540.00
D5211	UPPER PARTIAL DENTURE (RESIN BASE OR ALL ACRYLIC)	\$326.00
D5212	LOWER PARTIAL DENTURE (RESIN BASE OR ALL ACRYLIC)	\$326.00
D5213	UPPER PARTIAL DENTURE (CAST METAL FRAMEWORK WITH RESIN DENTURE BASES)	\$608.00
D5214	LOWER PARTIAL DENTURE (CAST METAL FRAMEWORK WITH RESIN DENTURE BASES)	\$608.00
D5410	DENTURE ADJUSTMENTS - COMPLETE UPPER	\$22.00
D5411	DENTURE ADJUSTMENTS - COMPLETE LOWER	\$22.00
D5421	DENTURE ADJUSTMENTS - PARTIAL UPPER	\$22.00
D5422	DENTURE ADJUSTMENTS - PARTIAL LOWER	\$22.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$50.00
D5520	REPLACE MISSING OR BROKEN TOOTH	\$76.00
D5610	REPAIR ACRYLIC SADDLE OR BASE, PARTIAL DENTURE	\$51.00
D5630	REPAIR/REPLACE BROKEN CLASP	\$74.00
D5640	REPLACE BROKEN TOOTH	\$48.00
D5650	ADD TOOTH TO PARTIAL	\$53.00
D5660	ADD CLASP TO PARTIAL	\$128.00
D5710, D5711	REBASE COMPLETE DENTURE (UPPER OR LOWER)	\$259.00
D5720, D5721	REBASE PARTIAL DENTURE (UPPER OR LOWER)	\$168.00
D5740, D5741	PARTIAL UPPER OR LOWER, RELINE	\$111.00
D5750, D5751	COMPLETE UPPER OR LOWER, LAB	\$151.00
D5760, D5761	PARTIAL UPPER OR LOWER, LAB	\$138.00
D5850, D5851	TISSUE CONDITIONING-RELINING (UPPER OR LOWER)	\$27.00
D6930	RECEMENT BRIDGE	\$46.00



## HIV Early Intervention Program

**For dates of service on or after 1/1/2010**

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Fees updated every Jan. 1 and July 1

Code	Description	Max. Payment
D7880	OCCLUSAL ORTHOTIC APPLIANCE (NIGHT GUARD) – ONE ALLOWED IN A TWO-YEAR PERIOD	\$150.00
D9940	OCCLUSAL ORTHOTIC APPLIANCE (NIGHT GUARD) – ONE ALLOWED IN A TWO-YEAR PERIOD	\$150.00
<b>ORAL SURGERY</b>		
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$35.00
D7140	SINGLE TOOTH EXTRACTION	\$111.00
D7120	EACH ADDITIONAL EXTRACTION (SAME DAY)	\$72.00
D7130	ROOT REMOVAL, EXPOSED ROOTS	\$86.00
D7210	SURGICAL EXTRACTION	\$168.00
D7220	REMOVAL OF IMPACTED TOOTH, SOFT TISSUE	\$210.00
D7230	REMOVAL OF IMPACTED TOOTH, PARTIALLY BONY	\$242.00
D7240	REMOVAL OF IMPACTED TOOTH, COMPLETELY BONY	\$273.00
D7241	REMOVAL OF IMPACTED TOOTH, BONY WITH UNUSUAL SURGICAL COMPLICATIONS	\$306.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$122.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION	\$199.00
D7510	INCISION & DRAINAGE OF INTRAORAL ABSCESS	\$68.00
D9230	NITROUS OXIDE	\$9.00
D9220	GENERAL ANESTHESIA - FIRST 30 MINUTES	\$366.00
D9221	GENERAL ANESTHESIA - ADDITIONAL 15 MINUTES	\$100.00
<b>ADJUNCT SERVICES</b>		
D9110	PALLIATIVE TREATMENT (E.G. OPEN AND DRAIN ABSCESS)	\$61.00

**Prior authorization is not required however we recommend you call to determine maximum allowance**

**See next page for Mental Health Coverage**



## HIV Early Intervention Program

**For dates of service on or after 1/1/2010**

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Fees updated every Jan. 1 and July 1

Code	Description	Max. Payment
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### Schedule of Mental Health Coverage and Maximum Allowances

For Dates of Service on or after April 1, 2010

PSYCHIATRIC DIAGNOSTIC OR EVALUATIVE INTERVIEW PROCEDURES OFFICE OR OTHER OUTPATIENT FACILITY		
90801	DIAGNOSTIC INTERVIEW EXAM	\$126.00
90802	DIAGNOSTIC INTERVIEW EXAM - INTERACTIVE	\$134.00
90804	EXAM, INDIVIDUAL 20-30 MINUTES	\$53.00
90805	EXAM, INDIVIDUAL 20-30 MINUTES W/MED E/M SERVICES	<b>Non-covered</b>
90806	EXAM, INDIVIDUAL 45-50 MINUTES	\$73.00
90807	EXAM, INDIVIDUAL 45-50 MINUTES W/MED E/M SERVICES	<b>Non-covered</b>
90808	EXAM, INDIVIDUAL 75-80 MINUTES	\$98.00
90809	EXAM, INDIVIDUAL 75-80 MINUTES W/MED E/M SERVICES	<b>Non-covered</b>
OTHER PSYCHOTHERAPY		
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	\$89.00
90853	GROUP PSYCHOTHERAPY	\$26.00